

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/736425
APPLICANT(S) /

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5		2		2		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11	1		1			
12		1		1		
13		1		1		
14		2		2		
15		1		1		
16		2		2		
17		2		2		
18		2		2		
19		2		/		
20		2		/		
21		2		/		
22		2		/		
23		2		/		
24		2		/		
25		0		/		
26		2		/		
27		2		/		
28		0		/		
29		0		/		
30		0		/		
31	1		1			
32		2		2		
33		4		/		
34				2		
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100						
TOTAL IND.	4		4			
TOTAL DEP.	48		37			
TOTAL CLAIMS	52		41			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						